



PART B - FEE(S) TRANSMITTAL

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42798 7590 02/05/2010

FITCH, EVEN, TABIN & FLANNERY
P. O. BOX 18415
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/537,339	06/02/2005	Mayumi Kotani	8156/84352	3456

TITLE OF INVENTION: A METHOD OF ENHANCING BLOOD ANTIOXIDANT ACTIVITY INGESTING A COMPOUND IN THE FORM OF AT LEAST ONE FORM SELECTED FROM AMONGST JUICE, POWDER, GRANULE, TABLET AND CAPSULE, WHICH CONTAINS AN EFFECTIVE AMOUNT OF AT LEAST ONE VEGETABLE SELECTED FROM THE GROUP CONSISTING OF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/05/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOFFMAN, SUSAN COE	1655	424-755000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fitch, Even, Tabin & Flannery

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sunstar Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 2

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s); any deficiency, or credit any overpayment, to Deposit Account Number 061135 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Kendrew H. Colton/

Typed or printed name Kendrew H. Colton

Date April 21, 2010
04/21/2010 INTERSW 00007270 10537339

Registration No. 30,368 1510.00 DA
01 PC:1501 02 FC:1504 03 SS:05 DA

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